



IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

*DKB*

Applicant : PRASAD, Kailash  
Patentee : UNIVERSITY OF SASKATCHEWAN TECHNOLOGIES  
INCORPORATED  
Patent No. : 6,486,126  
Serial No. : 09/599,958  
Filed : June 23, 2000  
Title : ANTIOXIDANT ACTIVITY IN SDG METABOLITES  
Art Unit : 1656  
Examiner : Jezia Riley  
Issue Date : November 26, 2002

**KIRBY EADES GALE BAKER**  
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CANADA K1P 6N9

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
United States of America

Dear Sir:

The Patent Office is requested to note that the Patentee no longer wishes to claim small entity status and wishes to top-up previous payments. Accordingly, the Patentee hereby submits the following top-up payments:

Initial Filing Fee : \$345.00 U.S.  
Terminal Disclaimer : \$ 55.00 U.S.

Enclosed are a Fee Transmittal (PTO/SB/17) and Credit Card Payment Form in the amount of \$400.00 U.S. to cover the fees.

Please note that the issue fee and the 3½ year renewal fee have been paid on a large  
/2006 SLUANG1 00000005 09599958 1001 1999 basis. Accordingly, top-up fees are not required.

790.00 0P  
10.00 0P

08/03/2006 SLUANG1 00000005 09599958

01 FC:1001  
02 FC:1999

.../2

790.00 0P  
10.00 0P

Page 2 - Commissioner for Patents  
University of Saskatchewan Technologies Incorporated  
Our File: 44894  
July 31, 2006

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The Patent Office is requested to ensure that its records reflect large entity status for this patent.

Respectfully submitted,



Edwin J. Gale  
Reg. No. 28,584  
Tel (613) 237-6900  
Our File No. 44894  
July 31, 2006

Adjustment date: 08/03/2006 SLUANG1  
07/03/2000 SCARMICH 00000007 09599958  
01 FC:201 -345.00 OP

Adjustment date: 08/03/2006 SLUANG1  
10/09/2001 SZEWDIE1 00000069 09599958  
01 FC:248 -55.00 OP



PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
400.00

### Complete if Known

Application Number	09/599,958
Filing Date	June 23, 2000
First Named Inventor	PRASAD, Kailash
Examiner Name	Jezia Riley
Art Unit	1656
Attorney Docket No.	44894

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	.65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

##### Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

Fee (\$)

Fee (\$)

Multiple dependent claims

Fee (\$)

Fee (\$)

##### Total Claims

##### Extra Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

##### Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

##### Indep. Claims

##### Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): LARGE ENTITY TOP-UP FEES

400.00

### SUBMITTED BY

Signature		Registration No. 28,584 (Attorney/Agent)	Telephone (613) 237-6900
Name (Print/Type)	EDWIN J. GALE	Date 5/14/31/06	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**Notice of Fee Due**

Date: 8/3/08

Application Number: 09599958

A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee\*. If an authorization is not present, notify the application of the fee deficiency.

**\*If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well.**

Insufficient payment by check or money order.

Insufficient funds in deposit account \_\_\_\_\_.

Insufficient payment by credit card.

Declined credit card.

No authorization to charge a deposit account.

Fee code(s) to be applied:

1814 \$130.00

Amount in holding fee code:

16221999

\$10.00

2622

1999

Total remaining due from applicant:

\$120.00

RAM Operator \_\_\_\_\_

SP